

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/6/05</u>		2 Serial/Patent # <u>10/625,204</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input type="checkbox"/> Extension of Time			\$								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/> Petition	/	6/10/05	\$ 400.00								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 400.00							
		8 TO BE REFUNDED BY: Attorney									
10 REASON:		Treasury Check									
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">3</td> </tr> </table>			0	1	--	0	4	8	3
0	1	--	0	4	8	3					
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
Postcard receipt proof of submission											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>23212</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>7/7/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**